

Nursing Services and Skilled Maintenance Therapies

Upon identification of need, the support coordinator (SC) will discuss with the participant services for nursing, physical therapy, occupational therapy, and speech therapy which are offered in the Community Choices Waiver (CCW). In addition to in-home therapy, exercise programs, and caretaker education, an occupational therapy referral, or speech/language therapy may also be needed to assess for appropriateness of types of services/adaptive equipment. The following is a brief overview of these services:

- **Nursing Services** are medically necessary services provided by a nurse practitioner, registered nurse or a licensed nurse within the scope of the Louisiana Statutes governing the practice of nursing. These services include periodic assessment of the participant's medical condition; evaluation of the need for medical intervention; monitoring and/or modifying medical treatment services provided by non-professional care providers; regular, ongoing monitoring of a participant's fragile or complex medical condition; monitoring of a participant with a history of non-compliance with medication or other medical treatment; assessing a participant's need for assistive devices or home modifications; training the participant and family in the use of purchased devices; and training the direct service workers in tasks necessary to carry out the Plan of Care (POC).
- **Skilled Maintenance Therapies (SMTs)** include Physical Therapy (PT), Occupational Therapy (OT), Speech/Language Therapy (ST). These therapy services focus primarily on maintaining, improving, reducing decline in the participant's ability to perform activities of daily living (ADLs). These services are not necessarily acute event focused as are Medicaid state plan services. These services may also be used for assessing a participant's need for assistive devices or environmental accessibility adaptations (EAAs); training the participant and caregivers in the use of purchased devices; performing in-home fall prevention assessments; and participation on the care planning team.
 - **Physical Therapy** services promote the maintenance of or reduction in the loss of gross/fine motor skills, facilitate independent functioning and/or prevent progressive disabilities.
 - **Occupational Therapy** services promote the maintenance of or reduction in the loss of fine motor skills, coordination, sensory integration and/or facilitate the use of adaptive equipment or other assistive technology.

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- **Speech/Language Therapy** services preserve abilities for independent function in communication, eating and swallowing; facilitate use of assistive technology; and/or prevent progressive disabilities.

The SC will:

- Identify the nursing services and/or SMT issues/needs discovered through the assessment process.
- Explain to the participant nursing services and SMTs and the benefits of those services.
- Explain to the participant the cost of a nursing/therapy visit, beginning with an evaluation and how it may affect his/her daily schedule if the HHA is not able to bill for their services under another program's benefit (e.g., bill under Medicare or Medicaid Part B benefits).
- Offer Freedom of Choice (FOC) of HHA if participant chooses this service.

NOTE: For the services to be billed through the CCW program, the HHA must be enrolled as an OAAS provider. The participant needs to understand that if they choose a HHA that is NOT enrolled as an OAAS provider, there may be more limitations, particularly with receiving therapy services.

- Complete the Nursing/Therapy Evaluation Referral Form in accordance with the instructions for that form and send to the selected HHA. The following documents must be attached:
 - Copy of current MDS-HC;
 - Page 1 of the current approved Plan of Care (POC);
 - Nursing/Therapy Evaluation Form (blank – for use by the HHA); and
 - Any other necessary documents

The HHA will:

- Review the Nursing/Therapy Evaluation Referral Form
- Determine the Payer Source

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NOTE: In the event that the CCW must pay for nursing and/or SMT, DMC must receive a POC Revision and release a PA to the HHA. HHA can then proceed with contacting the participant to conduct the evaluation. If the payer source will be Medicaid State Plan or Medicare, the HHA can proceed with contacting the participant to conduct the evaluation and the SC will update the POC to reflect services provided by the HHA.

- Obtain the physician's order for the evaluation (if necessary)
- Contact the participant to conduct the evaluation
- Complete the Nursing/Therapy Evaluation Form with the participant
- Email the completed Nursing/Therapy Evaluation Form to the SC and a copy to the participant's physician.

The SC will:

- Revise or update the POC to reflect recommended services and the payer source that will be utilized to provide those services.
- Email the Nursing/Therapy Payment Authorization Form to the data management contractor (DMC) for Prior Authorization (PA) payments, if applicable.

The HHA will:

- Bill for services, in accordance with the POC.

NOTE: If additional visits are recommended, the HHA must obtain additional physician orders as needed and provide a copy to the SC so that another POC Revision can be developed, approved by the participant and sent to DMC.

- Monitor HHA services being provided to ensure service delivery and that the participant is meeting his/her goals.

NOTE: It is important to keep in mind that the participant must remain an integral part of the decision making process throughout this process. There must be open communication and dialogue between the participant, SC and HHA case worker to determine if the services are meeting the participant's needs and if goals are being met.